

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006892

STATE FILE NUMBER

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 93

FILED FEB 20 1962

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. John's Hospital</b>		d. STREET ADDRESS <b>Route #2</b> Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Harold</b> Middle <b>Kearns</b> Last <b>Kearns</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>13</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-14-1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook &amp; Waiter</b>		11. BIRTHPLACE (City and state or country) <b>Maine</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Resturant</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Thomas Kearns</b>		13b. MOTHER'S MAIDEN NAME <b>Sadie McCuen</b>	
14. NAME OF HUSBAND OR WIFE <b>Edna Kearns</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>W.W. 2</b>	
16. INFORMANT <b>Mr. C. D. Luke, Route #2, Box 301A, Joplin</b>		17. ADDRESS <b>Edna Kearns</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crush injury of the chest with respiratory and circulatory failure and uremia.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bilateral rib fractures with anterior "flail chest", laceration mid-upper lip,</b> DUE TO (c) <b>open fracture of right patella</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>6 days</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Injuries sustained in two car accident.</b>		20c. TIME OF INJURY Hour <b>2</b> a.m. <b>7</b> p.m. Month, Day, Year <b>2-7-62</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	
20f. CITY, TOWN, OR LOCATION <b>Joplin, Missouri</b>		20g. COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>2-7-62</b> to <b>2-13-1962</b> and last saw him alive on <b>2-13-62</b> Death occurred at <b>5:20 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>DeTar Clinic</b> (Degree or title) <b>410 Jackson, Joplin, Mo.</b>	
22b. ADDRESS <b>DeTar Clinic</b>		22c. DATE SIGNED <b>2-14-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-16-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Saginaw Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Saginaw Missouri</b>	
24. FUNERAL DIRECTOR <b>Mason Chapel, 108 Range Line, Joplin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-15-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>		27. ADDRESS <b>DeTar Clinic</b>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.